

In Keetley between 1934 to about 1937.
There were only 3 families in Keetley

Frank Schlosser

Walter O'Toole

See A Fisher & Annie McMillan
See of 1st. and so.

In 1929 the Park Dale Mine was the highest
producer of silver in the world.

Frank Schlosser Jr 10-8-83

At Hospital I, the comparison was based on both pulmonary wedge resections and biopsies. In this comparison, thoracoscopic approaches saved an average of 0.5 ICU days and 3.8 total hospital days per case. This translated into a total cost savings of more than \$3,500 per case. Procedure times were shorter for the thoracoscopic approach.

While the sample sizes of thoracoscopic cases were small, a pattern emerged at five different hospitals that confirmed what surgeons related in interviews – that thoracoscopic procedures reduce length of stay and have substantial patient benefits. As a result, we are confident in concluding that thoracoscopic procedures provide hospitals considerable cost savings relative to their open counterparts.

Summary of Procedure Comparisons

From a hospital cost perspective, two of the laparoscopic procedures reduce hospital costs, one has comparable costs, and the fourth increases hospital costs somewhat. Given that laparoscopic cholecystectomy currently accounts for the majority of the laparoscopic procedures performed by each of these hospitals, the overall impact of laparoscopic surgery reduces hospital costs. In addition, since the laparoscopic procedures are new relative to their open counterparts (open cholecystectomy has been performed for more than 100 years), the cost-effectiveness of laparoscopic procedures is likely to increase in the future as additional experience is gained. We would expect that learning curve impacts would further improve the cost savings benefits of LC and thoracoscopic procedures when compared to their open counterparts. “Best practices” scenarios indicate that LAVH hospital costs will be approximately equal to TAH costs. If sufficient experience is gained with LAVH, it may provide a hospital cost savings relative to TAH. Hospital costs for LIHR, even under “best practices,” are likely to remain higher than for open herniorrhaphy. Broadening the perspective to acknowledge the cost savings resulting from an earlier return to work will provide a benefit to all laparoscopic procedures, particularly hernia repairs, which are often work-related.